

**Nathaniel Hawthorne**  
**Attorney/Consultant, Ltd**  
**Admitted: Ohio, Illinois, District of Columbia**  
**nhawthorne @ earthlink.net**  
**www.telecomlawyer.com**

**27600 Chagrin Blvd., Ste. 265**  
**Cleveland OH 44122**  
**tel: 216.514.4798; 216.514.4795**  
**fax: 216.514.4865**  
**efax: 216.472.8184**

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JAN 16 2007

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Express Mail EQ 469096211 US

**Before the**  
**Federal Communications Commission**  
**Washington, D.C. 20554**

In the Matter of the	)	File No. SLD -
	)	
Appeal of the Decision of the	)	
	)	
Universal Service Administrator by	)	
the	)	
	)	
Greater Johnston AVTS	)	
	)	
	)	
	)	CC Docket No. 96 - 45
Federal-State Joint Board on	)	
Universal Service	)	
Changes to the Board of Directors of	)	
The National Exchange Carrier	)	
Association, Inc.	)	CC Docket No. 97 - 21

Appeal  
and  
Request for Expedited Relief  
Greater Johnston AVTS

January 12, 2007

Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445 12th Street, S.W. Suite TW-A325  
Washington, D.C. 20554

This is an appeal from a decision by the Schools and Libraries Division of the USAC.

Enclosed are the original and four copies of the Appeal. An extra copy is also enclosed.

Please time stamp the extra copy and return it to me in the enclosed self addressed-

stamped envelope.

(1) **Funding Commitment Decision Letter Appealed**

Form 471 Application Number:	533504
Funding Year 9:	07/01/2006-06/30/2007
Billed Entity Number for district:	17304
Date of Funding Denial Notice:	November 14, 2006
Date of Appeal:	January 12, 2007

(2) **SLD Contact Information**

Linda Alexander  
Greater Johnston AVTS  
27600 Chagrin Blvd., 260  
Cleveland Ohio 44122  
Tel. (216)682.0169  
Fax. (216 )514.3337

(3) **Funding Request Numbers Appealed**

FRNs:1474703

(4) **SLD's Reason for Funding Denial**

The SLD stated that funding is denied because:

"Applicant has not provided sufficient documentation to determine eligibility of this item."

(5) **The SLD improperly denied Greater Johnston AVTS 's request**

Attachment A is the SLD's request sent to Greater Johnston AVTS.

Attachment B is Greater Johnston AVTS responds to the SLD's request.

Attachment C is a response sent to the SLD on October 12, 2006 for Application 533816. The SLD asked the same question for both Application 533504 and Application 5335816. The SLD funded Application 533816 but not Application 5335044.

Conclusion:

Greater Johnston AVTS is Requesting the Following Action by the FCC:

(a) Within 30 days or less Order funding for the telecommunications services requested in the 471 Application, specifically FRN:

1474703, and

(b) Set aside funds to totally fund Greater Johnston AVTS 's request.

Respectfully submitted,



Nathaniel Hawthorne

District of Columbia Bar No. : 237693  
27600 Chagrin Blvd., Ste. 265  
Cleveland, OH 44122  
tel.: 216/514.4798  
e-mail: nhawthorne@earthlink.net

Attorney for  
Greater Johnston AVTS  
Cc: Greater Johnston AVTS

Attachment A



## Schools and Libraries Division

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Date: October 3, 2006

Ralph Fetzer  
GREATER JOHNSTOWN AVTS  
Contact Phone: 814-266-6073  
Application Number: 533504

### **Response Due Date: *October 18, 2006***

We are in the process of reviewing all Funding Year 2006 Form 471 applications for schools and libraries discounts to ensure that they are in compliance with the rules of the Universal Service program. I am currently in the process of reviewing your Funding Year 2006 Form 471 Application. To complete my review I need some additional information. The information needed to complete the PIA Review is listed below.

### **Notification of Possible Errors:**

The following items on your Form 471 may contain errors, but we were unable to detect them during our review process:

- Block 1 - Billed Entity Name, Billed Entity Number or Billed Entity contact information.
- Block 4 - Discount calculation worksheets
- Block 5 - Service Provider Identification Number (SPIN) or service provider name (if the change is a corrective rather than operational change)
- Block 5 - Contract number
- Block 5 - Billing account number
- Block 5 - Funds requested in an FRN
- Block 5 - Entity(ies)/Worksheet cited in an FRN
- Block 6 - Amount budgeted for ineligible services

If you detect any errors in these items, you can make corrections during the next 15 days. To request a correction, make a copy of your Form 471 and draw a line through each incorrect item and mark clearly next to it the corrected information.

It is your responsibility to review your Form 471 application and provide corrections to us. All corrections should be submitted to me by fax or email.

**A WRITTEN RESPONSE IS NEEDED WITH OR WITHOUT ANY CORRECTIONS.**

### **Additional Questions:**

For **FRN 1474703**, you requested a \$4,283.00 one-time charge for the purchase of one server. Please see below for needed information:

The documentation provided in the Item 21 Attachments was not sufficient to determine the eligibility of your request(s).

- 1. Please provide a description that indicates the uses for the requested server(s), including the make and model number if this information has not already been supplied.**
- 2. Please indicate whether the servers will be used in whole or in part for any ineligible purposes, including the following ineligible purposes: Application Server (e.g., providing application software to end users), Database Server, Data Warehouse Server (including storage of non-email end user files), and Archive Server. For any ineligible purposes, you may provide a cost allocation so that funding is only requested for the eligible portion.**

Please fax or email the requested information to my attention. If you have any questions, please feel free to contact me.

It is important that we receive all of the information requested **within 15 calendar days** so we can complete our review. **Failure to do so may result in a reduction or denial of funding. If you need additional time to prepare your response, please let me know as soon as possible.**

Please advise me if the Contact Person on the application(s) has changed from that on the original application. This change must include the Form 471 application number(s) and be signed by the original application's Contact Person, the original application's Authorized Person or a school official (with name and title provided).

Should you wish to cancel your Form 471 application(s), or any of your individual funding requests, please clearly indicate in your response that it is your intention to cancel an application or funding request(s). Include in any cancellation request the Form 471 application number(s) and/or funding request number(s), and the complete name, title and signature of the authorized individual.

Thank you for your cooperation and continued support of the Universal Service Program.

Sincerely,

Kevin T. Conroy  
Schools and Libraries Division  
Program Integrity Assurance  
Phone: 973-581-7519  
FAX: 973-599-6523  
E-Mail: [kconroy@sl.universalservice.org](mailto:kconroy@sl.universalservice.org)

## Attachment B

[Greater Johnstown AVTS Letterhead]

October 12, 2006

Mr. Kevin T. Conroy  
Schools and Libraries Division  
Program Integrity Assurance  
Phone: 973-581-7519  
FAX: 973-599-6523

RE: Greater Johnstown AVTS - Application Number: 533504

Dear Kevin:

Per your request the following is the response to your questions regarding Greater Johnstown AVTS Year 9 (2006) FCC Form 471 Application Number 533504.

**SLD REQUEST**

*Notification of Possible Errors:*

*The following items on your Form 471 may contain errors, but we were unable to detect them during our review process:*

*Block 1 - Billed Entity Name, Billed Entity Number or Billed Entity contact information.*

*Block 4 - Discount calculation worksheets*

*Block 5 - Service Provider Identification Number (SPIN) or service provider name (if the change is a corrective rather than operational change)*

*Block 5 - Contract number*

*Block 5 - Billing account number*

*Block 5 - Funds requested in an FRN*

*Block 5 - Entity(ies)/Worksheet cited in an FRN*

*Block 6 - Amount budgeted for ineligible services*

*If you detect any errors in these items, you can make corrections during the next 15 days. To request a correction, make a copy of your Form 471 and draw a line through each incorrect item and mark clearly next to it the corrected information.*

**A WRITTEN RESPONSE IS NEEDED WITH OR WITHOUT ANY CORRECTIONS.**

**RESPONSE**

**Block 1 - Contact Information is being corrected as follows:**

**Name - Linda Alexander**

**Address - Ste 260-27600 Chagrin Blvd, Cleveland, OH 44122**

**Telephone # - 216-682-0169**

**Fax # - 216-514-3337**

**Email - [laalexander000@ameritech.net](mailto:laalexander000@ameritech.net)**

**Also attached is a copy of the 471 application with the changes.**



**SLD REQUEST**

*For FRN 1474703, you requested a \$4,283.00 one-time charge for the purchase of one server. Please see below for needed information:*

The documentation provided in the Item 21 Attachments was not sufficient to determine the eligibility of your request(s).

- 1. Please provide a description that indicates the uses for the requested server(s), including the make and model number if this information has not already been supplied.*
- 2. Please indicate whether the servers will be used in whole or in part for any ineligible purposes, including the following ineligible purposes: Application Server (e.g., providing application software to end users), Database Server, Data Warehouse Server (including storage of non-email end user files), and Archive Server. For any ineligible purposes, you may provide a cost allocation so that funding is only requested for the eligible portion.*

**RESPONSE**

**1. The make and model of server is HP ML110 G2 8/3.2 256MB SATA NHP  
Mfg#: CPR382050-001.**

**2. The server will be used for DNS, DHCP and e-mail. The server will not be used for any ineligible purposes.**

Sincerely,

Ralph Fetzer  
Greater Johnstown AVTS

FCC Form 471	Do not write in this area.	Approval by OMB 3060-0806
<b>Schools and Libraries Universal Service</b> <b>Description of Services Ordered and Certification Form 471</b> Estimated Average Burden Hours per Response: 4 hours <i>This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.</i> Please read instructions before beginning this application. (You can also file online at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> .) The instructions include information on the deadlines for filing this application.		
Applicant's Form Identifier (Create your own code to identify THIS 2006 Form 471B form 471)		Form 471 Application# (To be assigned by administrator) 533504
<b>Block 1: Billed Entity Information</b> (The "Billed Entity" is the entity paying the bills for the service listed on this form.)		
1 a	Name of Billed Entity: GREATER JOHNSTOWN AVTS	
2 a	Funding Year: July 1, 2006 Through June 30: 2007 Billed Entity Number: 17304	
4 a	Street Address, P.O. Box, or Routing Number: 445 SCHOOLHOUSE RD	
	City: JOHNSTOWN	
	State: PA Zip Code: 15904 2927	
b	Telephone Number: 814-266-6073 c Fax Number: 814-269-4044	
5 a	Type of Application: <input checked="" type="checkbox"/> Individual School (Individual public or non-public school) <input type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible or non-governmental entities	
6	Contact Person's Name: <del>Rafael Fajal</del> Linda Alexander	
First, if the Contact Person's Street Address is the same as in Item 4, check this box. <input type="checkbox"/> If not, please complete the entries for the Street Address below.		
b	Street Address, P.O. Box, or Routing Number: <del>445 SCHOOLHOUSE RD</del> 5Te 260- 27600 Chagrin Blvd. City: <del>JOHNSTOWN</del> Cleveland State: <del>PA</del> OH Zip Code: <del>15904-2927</del> 44122-4449	
<input type="checkbox"/> c	Telephone Number: <del>814-266-6073</del> 216-682-0169 <input checked="" type="checkbox"/> d Fax Number: <del>814-269-4044</del> 216-514-3337	
<input checked="" type="checkbox"/> e	E-mail Address: <del>Rfajal@glc.tcc.pa.us</del> LAlexander000@AmeriTech.net	
f	Holiday/vacation/summer contact information: <del>814-266-6073</del>	



Attachment C

**[Greater Johnstown AVTS Letterhead]**

October 12, 2006

Mr. Kevin T. Conroy  
Schools and Libraries Division  
Program Integrity Assurance  
Phone: 973-581-7519  
FAX: 973-599-6523

Dear Kevin:

RE: Greater Johnstown AVTS - Application Number: 533816

**SLD REQUEST**

*Notification of Possible Errors:*

*The following items on your Form 471 may contain errors, but we were unable to detect them during our review process:*

- *Block 1 - Billed Entity Name, Billed Entity Number or Billed Entity contact information.*
- *Block 4 - Discount calculation worksheets*
- *Block 5 - Service Provider Identification Number (SPIN) or service provider name (if the change is a corrective rather than operational change)*
- *Block 5 - Contract number*
- *Block 5 - Billing account number*
- *Block 5 - Funds requested in an FRN*
- *Block 5 - Entity(ies)/Worksheet cited in an FRN*
- *Block 6 - Amount budgeted for ineligible services*

*If you detect any errors in these items, you can make corrections during the next 15 days. To request a correction, make a copy of your Form 471 and draw a line through each incorrect item and mark clearly next to it the corrected information.*

It is your responsibility to review your Form 471 application and provide corrections to us. All corrections should be submitted to me by fax or email.

**A WRITTEN RESPONSE IS NEEDED WITH OR WITHOUT ANY CORRECTIONS.**

**RESPONSE**

**Block 1 - Contact Information is being corrected as follows:**

**Name - Linda Alexander**

**Address - Ste 260-27600 Chagrin Blvd, Cleveland, OH 44122**

**Telephone # - 216-682-0169**

**Fax # - 216-514-3337**

**Email - [laalexander000@ameritech.net](mailto:laalexander000@ameritech.net)**

**Also attached is a copy of the 471 application with the changes.**

**SLD REQUEST**

*First, for FRN 1475628, you requested 974.77/mo. for the purchase of 5 switches. Please provide the Make/Models for ALL FIVE SWITCHES.*

*Second, for FRN 1475628, we have not received the replacement Service Provider Identification Number ("SPIN") for temporary SPIN 143666666. We must have a valid SPIN before a funding commitment decision letter can be issued for this FRN. Please provide signed documentation on letterhead indicating the following SPIN information: FRN(s), valid SPIN, and the service provider name. This information must match the service provider that was indicated on the Item 21 Attachments.*

**RESPONSE**

- 1. Catalyst 2960 20PT GETH 4PT DP UPL LAN-BASE**
- 2. The SPIN Number for FRN 1475628 is 143030462 and the Service Provider is Advizex Technologies LLC**

Sincerely,

Ralph Fetzer  
Greater Johnstown AVTS

FCC Form 471	Do not write in this area.	Approval by OMB 3060-0806
<b>Schools and Libraries Universal Service</b> <b>Description of Services Ordered and Certification Form 471</b> Estimated Average Burden Hours per Response: 4 hours		
This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services. Please read instructions before beginning this application. (You can also file online at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> .) The instructions include information on the deadlines for filing this application.		
Applicant's Form Identifier (Create your own code to identify THIS 2006 form 471C form 471)		Form 471 Application# (To be assigned by administrator) 533816
<b>Block 1: Billed Entity Information</b> (The "Billed Entity" is the entity paying the bills for the service listed on this form.)		
1 a	Name of Billed Entity: GREATER JOHNSTOWN AVTS	
2 a	Funding Year: July 1, 2006 Through June 30: 2007 Billed Entity Number: 17304	
4 a	Street Address, P.O. Box, or Routing Number: 445 SCHOOLHOUSE RD	
	City: JOHNSTOWN	
	State: PA	Zip Code: 15904 2927
b	Telephone Number: 814-266-6073	c Fax Number: 814-269-4044
5 a	Type of Application <input checked="" type="checkbox"/> Individual School (individual public or non-public school) <input type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible or non-governmental entities	
6	Contact Person's Name: <del>Ralph Fitzer</del> Linda Alexander	
First, if the Contact Person's Street Address is the same as in Item 4, check this box. <input type="checkbox"/> If not, please complete the entries for the Street Address below.		
b	Street Address, P.O. Box, or Routing Number: <del>445 SCHOOLHOUSE RD</del> Ste 260-27600 Chagrin Blvd	
	City: <del>JOHNSTOWN</del> Cleveland	
	State: <del>PA</del> OH	Zip Code: <del>15904 2927</del> 44122-4449
<input type="checkbox"/> c	Telephone Number: <del>814-266-6073</del> 216-682-0169	<input checked="" type="checkbox"/> d Fax Number: <del>814-269-4044</del> 216-574-3337
<input checked="" type="checkbox"/> e	E-mail Address: <del>RFitzer@greaterjohnstown.org</del> LAlexander000@AmeriTech.net	
f	Holiday/vacation/summer contact information: <del>814-266-6073</del>	

